01- R -1234

CLAIM OF: STATE FARM INSURANCE COMPANIES
as subrogee of FERIST JAMES
5301 Snapfinger Park Drive
Decatur, Georgia 30037-0568

For damages alleged to have been sustained as a result of a vehicular accident on January 25, 2001 at Bankhead Highway, NW and Holly Street, NW.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to STATE FARM INSURANCE COMPANIES as subrogee of FERIST JAMES the sum of \$2,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on January 25, 2001 at Bankhead Highway, NW and Holly Street, NW. as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

bens Newell

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>01L0456</u>	Date: August 1, 2001	
Claire A Claire DDDACT AARTS		
Claimant / Victim FERIST JAMES BY: (Attr.) (Inc. Co.) STATE FARM DISHBANGE CO. (DAN)		
BY: (Atty) (Ins. Co.) STATE FARM INSURANCE COMPANIE	S	
Address: 5301 Snapfinger Park Drive, P.O. Box 370568, Deca	tur, Georgia 30037-0568	
Subrogation: X Claim for Property damage \$ 8,486.33	Bodily Injury \$	
Date of Notice: 5/8/01 Method: Written, Proper_ Conforms to Notice: O.C.G.A. §36-33-5 Date of Occurrence 1/25/01 Place: Bankhear Department PUBLIC WORKS Division Soli	Improper	
Date of Occurrence 1/25/01 Place Parthage	Ante Litem (6 Mo.) X	
Department PUBLIC WORKS Division Call	d Highway, NW & Holly Street, NW	
Employee involved Zenas Middlebrook Disciplinary Ac	id waste Services	
Disciplinary Ac	tion: 10 day suspension	
NATURE OF CLAIM: Claimant's vehicle sustained damage when	a it woo booked into have a witted.	
was attempting to make a garbage pickup. The City employee was	aited for "improver bealtime"	that
was attempting to make a garbage pickup. The City employee was	cited for improper backing.	
INVESTIGATION:		
Statements: City employee Claimant Others	Written Oral	
Pictures Diagrams Reports: Police X D	Dent Report Other	
Traffic citations issued: City Driver X Claimant	Driver	
Citation disposition: City Driver Claimant I	Driver	
BASIS OF RECOMMENDATION:		
Function: Governmental X Ministerial		
Improper Notice More than Six Months Other	Damages reasonable	
City not involved Offer rejected	Compromise settlement X	
Repair/replacement by Ins. Co. Repair/rep	placement by City Forces	
Function: Governmental X Ministerial Improper Notice More than Six Months Other City not involved Offer rejected Repair/replacement by Ins. Co. Repair/replacement City Negligent X Joint	Claim Abandoned	
Respects	fully submitted,	
•	•	
4		
	L del R	
	wenew / or	
TOVEST	FIGATOR -GWENDOLYN BURNS	
RECOMMENDATION:		
Pay \$ 2,000.00 Adverse Account charge	ged: 1A01_X 2J01 2H01	
Claims Manager: Conc	ged: 1A01 X 2J01 2H01 2H01	_
Committee Action:Council Ac	ction	
FORM 23-61 ·		

01L0301 GB

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COUNCIL OF THE CITY OF AT CLERK OF COUNCIL	LANTA	RE CLAIM FOR DA	AMAGES	
City Hall 55 Trinity Street, S.W.	ENTERED - 7-18-01 - 01L0456 - GWEN BURNS		5-14-01	
Atlanta, Georgia 30335 Dear Clerk of Council:	Attn. D	ione M	tchell	
This is to notify the City of Atlar and/or \$bo	ita that I have suffered do		m of \$ <u>\$486.33</u> pro	perty
1. Date of incident 1-25	day/ year)	2. Police called:		•
3. Location of incident Ban	Khead Hu	x Atlanta	a GA	
4. Name of your insurance company:	State Fac	n Mutra 1	Policy No. 8039-21	77-1
5. State what and how incident occurred	. Your dri	ver back	ed into m	<u> </u>
11/50				7
-				
6. ALL ESTIMATES AND DAMA RESULT IN YOUR CLAIM BEI	GES ARE SUBJECT TO IT ING DENIED AND MAY	NSPECTION. THE MAK RESULT IN CRIMINAL	ING OF FALSE CLAIMS WI PROSECUTION!	ILL
7. The registered owner must n estimates of repair and proof of	nake the claim for vehicles	cle damages, complete the copy of the current tag	he following and attach to receipt or title).	wo (2
Your vehicle (make)	(year)	(tag number)	2 Ferist Ja (driver's name)	ine
City vehicle 13 (make)	nge Truck, (City driver's n	Zenas Mide	Tehrook Sau	2.10
. Witness:	(City driver's n	iame)	(department/bureau)	•
(name)	(address)	(telephone nur	nber)
The acknowledgement of this cl by State law, nor is it an admiss	aim in no way waives the sion of liability on behalf	Governmental immunity of the City of Atlanta and	of the City of Atlanta, as grad/or its employee(s).	anted
0. This claim should be mailed im $0.1 - k - 1234$				(
I HEREBY SWEAR OR AFFIRM INFORMATION IS TRUE AND	THAT THE ABOVE CORRECT.	State to	ant's name)	
/ C Priving m	1.500 4.6.11.40	PUBOX	370568	
DENISE EI 5301 SNAPFINGI P.O. BOX	ER PARK DRIVE	Deatur	GA 30037	
DECATUR, GA (770) 59	30037-0568	770-593-6	and state)	
	·	(work number)	(home number	r)
	(Claim# 11-	3590-555	

RELEASE AND INDEMNIFICATION

CLAIM NUMBER 01L0301	\$ <u>2,000.00</u>
its officers and employees, including but not claims, demands, actions, causes of action, s	OF ATLANTA, the future receipt of which is hereby acknowledged administrators, and assigns, release and forever discharge said City limited to Zenas Middlebrooks from any and all property damage uits, damages, loss and expenses, of whatsoever kind or nature for or coursed, and particularly for or on account of a vehicular accident day of January
admission on the part of the City, its officers undersigned further covenants and agrees to servants and employees, from any and all clagents, servants and employees, may be called And I now state that the only consider of the sum stated above; that no other promise	at the payment of the above named sum is not to be considered as an a gents, servants or employees, of any liability whatsoever and the indemnify and hold harmless the City of Atlanta, its officers, agents, aims, damages or costs which the said City of Atlanta, its officers, ad upon to make as a result of the event hereinbefore referred to. ation for my signing this release and indemnification is the payment e or agreement of any kind or nature has been made to or with me by a release, and that I fully understand the meaning and intent of this day of
The above release was read and expla	ined to, and signed by the said
	in our presence on the date above written. The Kullbull Our Drudence WITNESSES